

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107585621**

FILING DATE

APPLICANT(S)

CLAIMS

| ART. 34 And 4 | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL DEP. | 31 | ← | 25 | ← | | ← |
| TOTAL CLAIMS | 33 | | 27 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |